

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	1/18/2010
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006185

- 1) MAXIMUS Federal Services, Inc. has determined the request for trigger point injections times 6 monthly sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for trigger point injections times 6 monthly sessions **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 34 year old female with a Date of Injury (DOI) of 01/ 18/ 10. Qualified Medical Examiner (QME) on 02/ 02/ 12 recommended that the patient start on an active physical therapy program for 12 visits and then reassess as well as recommendation that the patient be started on a weight reduction program at the Obesity Treatment Center. It is unclear if the patient received any treatment in this weight reduction program. There is mention that gastric bypass has been previously denied through utilization review. Record reflected other treatments included physical therapy and 24 trigger point injections.

The patient was seen on 06/ 14/ 13 for complaints of pain located in the right anterior, lateral and posterior neck as well as right shoulder.

Current medications listed were Tramadol HCL (as needed), ibuprofen, melatonin, glyburide and Metformin HCL.

Examination noted tenderness at the right shoulder, pericervical periscapular, spinous process, and trapezius. Apprehension sign was negative. Sensory examination was normal throughout the bilateral upper extremities. Active and passive range of motion were noted to be painful. Extension was 35 degrees, flexion 45 degrees, lateral flexion 40 degrees and rotation was 70 degrees. There was tenderness to palpation of the right upper trapezius and right side of the neck with active trigger points noted. Trigger point injections were given. She reported "a lot of relief with the last TPI's well past the three week mark."

On 07/ 10/ 13 patient complained of pain located in the bilateral head, bilateral anterior neck, bilateral lateral neck, bilateral posterior neck, and right shoulder. The patient reported that the severity of the problem is moderate, has not changed, and frequency is constant. On examination: stood at 5'11" and weighed 352 pounds.

Patient had tenderness of the right shoulder, pericervical, periscapular, spinous process, and trapezius. Apprehension sign was negative. Sensory examination was normal throughout the bilateral upper extremities. Active and passive range of motion was noted to be painful. Extension was 35 degrees, flexion 45 degrees, lateral flexion 40 degrees and rotation was 70 degrees. There was tenderness to palpation at the right upper trapezius and the right side of the neck with active trigger points. The patient was given trigger point injections to the right shoulder, as well as the cervical area. Medications were unchanged from the previous visit. There is no specific mention of lab studies in these notes; however, case management information indicates that studies were ordered on 04 / 15/ 13 to include "UDS, Baclofen, CBC with Diff, CHEM 20, EIA 9, TSH and urinalysis".

Patient's listed diagnoses include cervical radiculopathy.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for trigger point injections times 6 monthly sessions:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS Guidelines, Trigger Point injections, which is part of the MTUS, and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, page 122, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state the criteria for used of Trigger point injections are as followed; "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance

(e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended.” A review of the submitted medical records indicates that the employee has had multiple prior trigger point injections. There was no documentation submitted showing evidence of functional improvement or improvement of at least 50% over 6 weeks. Furthermore the request is for monthly injections which exceeds the recommended guidelines. **The request for trigger point injections times 6 monthly sessions is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/db

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.